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Bayer CropScience



August 30, 2011

Document Processing Desk 6(a)(2)  
Office of Pesticide Programs (7504P)  
U. S. Environmental Protection Agency  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202-4501

**RE: 6(a)(2) Incidents Accumulated for the Month of July 2011**

Dear Sir/Madam:

Reportable incidents accumulated for the month of July 2011 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn  
Compliance Manager  
State Regulatory and Documentation Services  
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation  
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Bayer CropScience  
RTP  
P. O. Box 12014  
RTP, NC 27709  
Tel. 919 549-2000

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# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

\*Personal privacy information\*

Row 1  Administrative Data	Reporter Name [REDACTED]	Submission date. 8/30/2011	Contact person (if different than reporter)	Internal ID 817670
	Address [REDACTED]	Address		
	Phone # [REDACTED]	Phone #		
	Incident Status: New	Location and date of incident Henderson, NV USA 07/10/2011	Date registrant became aware of incident. 07/10/2011	Was incident part of larger study? No
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1) 72155-80	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) Beta-Cyfluthrin, sodium o-phenylphenate	A.I. (s)	A.I. (s)	
	Product 1 name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation SL	Formulation	Formulation	
Row 3  Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

**Lane, Erin Jul 11 2011 1:00AM**

**Hx: Caller's daughter inadvertently was sprayed in the face with the product 5 minutes ago. She is experiencing minor ocular irritation. Caller also thinks the product was inhaled, as caller states that her daughter is 'breathing fast' and is having difficulty breathing.**

**A: Seek emergency medical attention if you feel that your daughter is having difficulty breathing.**

**Notified Lead Tox.**

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**LeMaster, Steve Jul 11 2011 11:31AM**

**notified**

\*\*\*\*\*

**Yeager, Greg Jul 19 2011 3:59PM**

**Attempted CB. Left a message requesting follow up. Reset.**

\*\*\*\*\*

**Yeager, Greg Jul 20 2011 10:48AM**

**Attempted CB. Left a message requesting follow up.**

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <b>7 Year(s)</b> Sex: <b>Female</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Dermal</b> <b>Ocular</b> <b>Inhalation/Respiratory</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NO</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>30 min or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>ER/Hospital-Unknown disposition</b>	List signs/symptoms/adverse effects <b>Ocular-Ocular irritation/pain</b> <b>Respiratory-Dyspnea/Shortness of Breath</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # <b>817670</b>

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\* Personal privacy information \*

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. 8/30/2011	Contact person (if different than reporter)	Internal ID 823252
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Houston, TX USA 07/18/2011	Date registrant became aware of incident. 07/20/2011	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 72155-80		EPA Registration # (Product 2)	
	A.I. (s) Beta-Cyfluthrin, sodium o-phenylphenate		A.I. (s)	
	Product 1 name Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (64 oz)		Product 2 Name	
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?	
	Formulation SL		Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

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## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

### Brief description of incident circumstances.

*Yerbich, Heather Jul 20 2011 11:37AM  
Warm transfer from Bayer Adv.*

*Hx: Caller purchased the product on 2 days ago. Bottle has not been opened. That night the caller believed that he had a fever. Caller is feeling lethargic and has bloody noses.*

*A: Informed the caller that the product has a very wide margin of safety. The sxs he experienced does not fit the toxicological profile of the product. If the container was not opened then he was not exposed to the product. Contact MD for further concerns. Cb prn. Provided case# for further questions.*

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <b>28 Year(s)</b> Sex: <b>Male</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Unknown route</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NA</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>3 days or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>Private MD/DVM-unknown disposition</b>	List signs/symptoms/adverse effects <b>Miscellaneous-Fever/hyperthermia</b> <b>Neurological-Drowsiness/Lethargy</b> <b>Respiratory-Nose Bleed</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # <b>823252</b>